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ABSTRACT

This study evaluates the Barringer School-Based Child Care Center Project, a program within a traditional Newark (New Jersey) high school designed to provide a comprehensive system of support and services for adolescent parents. The evaluation design uses both qualitative and quantitative methods to describe program structure and implementation, and to evaluate program effectiveness. The study sample includes 15 teenage (15- to 19-year-old students in grades 10 through 12) mothers and their children (ages 6 months to over 30 months) who participated in the program during the 1989-90 school year. Findings indicate that the staff thought that the program's strengths are its multifaceted approach, with a support network and multiple levels of intervention. The staff saw future challenges to include improved classroom performance and prevention of second pregnancies. The following findings are presented: (1) teen parents are not performing well in areas that require them to function within a traditionally structured school day and school curriculum; (2) appropriate parental expectations do not seem to improve with involvement in the program; (3) several of the children are at risk for developmental delays; and (4) attitudes about sex are not easily influenced by formal teaching of sex education information. Statistical data are presented in eight tables. A list of 19 references and a copy of the student questionnaire is appended. (JB)

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CHILD CARE FOR PARENTING TEENS:

Impact of Program Structure and Student Outcomes on Program Effectiveness

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Child Care for Parenting Teens: Impact of Program Structure and Student Outcomes on Program Effectiveness

Rosemarie Kopacsi

Introduction

The Barringer School-Based Child Care Center Project is a program within a traditional Newark high school and was designed to provide a comprehensive system of support and services for adolescent parents. The objectives of the program are to help teen parents participating in the project complete high school and develop effective parenting skills. Health services, counseling and family life education services are provided to the parenting teens and to non-parenting teens through the school based Adolescent Health Center.

With broad-based interagency collaboration, the child care center project seeks to address the many complex issues related to teen childbearing. A number of studies report that one-half to two-thirds of all teenage girls who drop out of school do so because of pregnancy. Unemployment, underemployment and poverty continue to be the most likely outcomes for these young people. In addition to the economic and social disadvantages for the teen mothers, high infant mortality, birth defects, and premature births are more common outcomes for children of teen parents. (Adler, Bates and Merdinger, 1985; Monkus and Bancalari, 1981).

The School-Based Child Care Center pilot project has been planned and implemented by the Newark Board of Education in collaboration with the New Jersey Chapter of the National Committee for the Prevention of Child Abuse. Other important contributors include the Office of Children of the City of Newark, the Children's Hospital of the United Hospitals Medical Center, the University of Medicine and Dentistry of New Jersey/New Jersey Medical School, the Robert Wood Johnson Foundation, the Prudential Foundation, Planned

Parenthood of Essex County, and the State of New Jersey Division of Youth and Family Services.

Background: Response of the Schools to Teenage Pregnancy

Every year in the U.S. about 10% of adolescents 15-19 years old become pregnant - about 50% give birth (Johnson, Ziskin, 1988). Of all births in the state of New Jersey in 1986, 9.4% were to mothers under age 19, with the highest rates found in the state's urban areas (Johnson, Ziskin, 1988). In Newark, 23.9% of all births in 1986 were to teenage mothers under age 19. Although breakdowns were not available at the local level, at the national level the fertility rates are highest for African American and Latino women, for women with less formal education, for women not in the labor force, and for women with incomes under $10,000. It is estimated that half of the teenagers who give birth are in jeopardy of not completing high school, in part due to the lack of available and affordable infant care (Wilson, 1985). The consequences suggest a future of low income jobs and/or welfare dependency. Children of teen parents grow up at higher risk of health problems, academic failure and early pregnancy themselves (Johnson, Ziskin, 1988).

Female Dropouts: A New Perspective, a 1987 publication of the Youth Services Program of the National Association of State Boards of Education reports that 40% of females who leave school prematurely, do so for reasons related to pregnancy and marriage. Significant contributing factors include low self-esteem, poor academic achievement, and poor life options (Earle, Roach, and Fraser, 1987). In light of these delimiting factors, pregnancy can be an escape from an environment characterized by failure and frustration. For pregnant and parenting adolescents, the traditional high school structure is likely to not be effective. Many of the supports which pregnant and

parenting girls need - like child care, health care services and parent education - are not provided outside of school. And so, schools, it is argued, must provide not only the opportunity for continuing education, but also more than the educational basics (The Support Center for Educational Equity for Young Mothers, 1988; Weiner, 1987).

As mandated family life education in the schools has represented efforts in the state of New Jersey over the past 10 years to address teen pregnancy academically, so school-based clinics represent a new way to attack it comprehensively. In 1986, about 100 school based clinics were reported to be in operation nationally, mostly in urban schools (Weiner, 1987). The model is based upon assumptions that major gaps in community health care services, school completion and future employment options exist for high risk students. Intervention programs targeting teen parents are most reflective of the school-based services orientation where the needs around teenage pregnancy emphasize the multiple resources which must be provided in order to address the problems (Blum, Pfaffinger, and Donald, 1982; Dryfoos, 1985). The model's assumption is that if these services are not provided within the school setting, then important needs would likely not be met at all.

A recommendation of the New Jersey Task Force on Adolescent Pregnancy identifies affordable, available, and accessible infant/child care as a high priority (Johnson, Ziskin, 1988). Two strategies, which the Task Force suggests, are developing on-site infant child care in schools and including parenting education as an integral component of the child care programs for parenting teens.

Program Structure and Implementation

The Infant-Toddler Child Care Center opened at Barringer High School in January 1988 as a comprehensive school-based program. It reflected the Newark

Board of Education's concerns of addressing the multi-faceted problems related to adolescent pregnancy, and in particular the high incidence of school incompletion for teenage parents (Newark Board of Education Resolution, July 22, 1986).

Information on the structure and operation of the program was gathered for this evaluation from interviews with key program personnel: In person interviews were conducted with 1) the medical director of the Barringer Adolescent Health Care Center, a component which provided on-site medical and counseling services to all the teens at the high school including all parenting teens and their infants and toddlers who participated in the child care project; 2) the Parent Linking Project staff consultant from the New Jersey Chapter of the National Committee for Prevention of Child Abuse, a component which offers a parenting education and a life skills counseling group with goals to enhance healthy parent-child relationships and to assist with school and career planning; 3) the school social worker who is project based two days a week and provides counseling and referral services to the teen parents; 4) the head teacher of the child care center who supervises staff and daily operation of the child care center.

Services to Teen Parents:

The Barringer Infant/Toddler Child Care Project is designed to serve up to 19 teens and their children under 3 years of age. The teen parents attend regular classes at Barringer High School while their children are attending the child care center located in the lower level of the high school building. Family life education, job training workshops, career counseling, and parenting skills groups are some of the special interventions provided for the parenting teens to promote independence and responsible parenting. The premise behind these multiple school-based services is that parenting teens

are less likely to drop out or remain out of school following childbirth if the school can provide access to health and social services, employment services, child care, and the like. Within the school-based services model, the school also serves as the referral center for those services it is not able to provide on-site.

The completion of high school is one of the most important challenges for parenting teens. Commitments by participating students to attend regular classes and to meet all course requirements is a part of the written agreements made by students and their parents/guardians during the initial screening and intake process.

The development of academic, career, other life skills, and appropriate parenting skills are important educational tools which teen parents need in order to achieve self-sufficiency and well-being for themselves and their children. The teens agree to attend regularly scheduled parenting skills and life skills workshops conducted by the Parent Linking Project. Participation in the weekly parent groups is required for all teen parents with children enrolled in the child care program. The Parent Linking Project is a program initiated in 1980 by the New Jersey Chapter of the National Committee for the Prevention of Child Abuse to offer educational and supportive services to urban teen parents.

A variety of services offered to teen participants in the Barringer Child Care Project include:

- Two parent education groups per week conducted by the Parent Linking Project staff consultant, one for the teen parents of infants under 12 months of age, and another for parents of toddlers over 18 months. Each group meets once a week after school for one and a half hours. Regular

attendance is required at group and child care is provided.

- The structure of the parenting groups offers a strong education component which includes human development, parent education, human sexuality and family life education. Group counseling makes use of support and conflict resolution strategies as interventions to foster the teen parents' growth and development.
- The curriculum for the parenting groups includes administering a parenting inventory to all the girls at the first session, which is administered again at the last group meeting of the school year, and which is used as a pre- and post- measure of change in parenting attitudes. The curriculum includes information sharing, group discussions, guest speakers, videos on subjects related to pregnancy, parenthood, birth control, and child development, and focus on the physical, social, emotional and intellectual growth of children. Curriculum topics are reinforced in observations of the parents with the children at the end of the parenting workshops.
- A life skills group meets another afternoon each week for all the teen parents and focuses on careers, home management, planning, welfare and advocacy.
- The teen mothers are encouraged to interact with their children at appropriate times during the school day, to assist with early morning breakfast and to join their children at lunchtime if the mothers' and children's lunch periods coincide.
- Support for teen fathers is encouraged in an effort to strengthen the family unit and to encourage teen fathers to become involved in the child care of their children.

A School Social Worker is project based two days a week. Her office which is located next to the child care center provides easy access for the teen parents as they leave and visit with their children during the day. The social worker's role is to offer individual counseling and referral assistance to the teen parents. Advocacy to access financial and housing assistance is an important role in the social worker's work with the teen parents.

Services to Infants and Toddlers:

Various features of the Barringer child care program are designed to provide the infants and toddlers with child care while the teen parents attend a regular school program. The program provides daily child care services to a maximum of nineteen children. The infants and toddlers are children of teen parents who are selected to participate in the child care program.

- Child care activities are planned and supervised by the Head Teacher to provide nurturance and caretaking activities for optimal child development. Activities seek to involve the teen parents in activities with the children and are sensitive to family culture and bilingual language differences of students participating in the program.
- Transportation is provided by the Board of Education for the parents and their infants and toddlers to and from school daily and is an example of the project's commitment to bring essential support services to meet the special needs of parenting teens. Likewise, a hot breakfast and lunch for the infants and toddlers is provided daily and reflects the commitment to meet physical as well as emotional needs for optimal child development.
- The medical director of the Barringer Adolescent Health Center serves as medical director of the infant/toddler center. The Adolescent Health Center is a satellite facility of the Children's Hospital of New

Jersey/United Hospitals Medical Center. The hospital's role in the child care project is to bridge services related to the physical and developmental needs of the children and the teen parents with the educational process. Since it operates within the high school setting, the health center provides the capability to daily monitor the children's health needs and to track their developmental growth. The medical director is available for medical visits when the children have health problems, while a registered nurse provides daily well baby care and health screening.

- The medical director also provides support to the trained child care staff about health related needs of the children. He interacts with the teen parents individually and in groups about their own health needs, and about the physical and emotional development of their children.

Program Eligibility

Students are referred to the Barringer School-Based Child Care Project through the district high schools they've attended, including Chestnut Street school, an alternative high school program for pregnant adolescents. Referrals come through a variety of sources including support networks to whom pregnant teens become known. Selection into the program is based upon a screening interview, with eligibility based upon students' prior school attendance and performance, as well as need for child care services in order to continue their formal education. The students and their parents/guardians are required to sign a commitment which identifies the student's intent to attend school and classes regularly, to complete all class work, to transfer to Barringer, to enroll in the Barringer Adolescent Health Center, to have a physical examination and doctor's approval for their baby's participation in the Infant/Toddler Center.

Staffing for the Infant-Toddler Child Care Project

The child care project is staffed with a head teacher who interacts with the children, supervises the daily operations of the child care center, and supervises the activities of four aides who work directly with the infants and toddlers. The doctor and nurse affiliated with the Adolescent Health Care Center have the responsibility to make daily visits to monitor the health of the children and to advise staff regarding health and developmental needs of the children. The children are provided daily breakfast and lunch which is prepared in the high school cafeteria and served by the project staff.

Evaluation Perspectives

It is important to preface the evaluation questions for the Barringer project with some general information reported in the literature on how features related to planning and implementation of innovative programs for pregnant and parenting teens can influence program effectiveness. Findings from research based upon 12 special nationwide projects in response to teenage pregnancy and parenthood suggest that the effectiveness of new programs is influenced by the ways in which programs are implemented (Zellman, 1981).

Programs usually evolve in stages, beginning with initial start-up and move through planning to implementation, then to outcomes and eventual longer-term stability. Zellman points out that the outcome of each stage is dependent upon a number of features of the institutional setting.

The initial start-up phase is characterized by a number of problems. Beyond the usual cost factors, programs serving pregnant and parenting students often involve conflicting and negative attitudes within a community. School systems which are most likely to respond to needs for a program are those with high numbers of known pregnancies and are characterized by a strong sense of social concern, support and involvement around teenage pregnancy and

parenting. Findings also identify that high-level administrative support for a special program may be a program's most valuable resource and helps influence how much priority is given to providing the needed services.

Since special programs like those which provide child care for infants and toddlers of parenting teens involve costly services, school systems often are dependent upon securing and sustaining outside funds to support these innovative program operations. Although programs are often successful in securing outside funds, these funds are often far from secure and stable in times of fiscal constraints. They often involve a variety of regulations and requirements. Program models described by Zellman (1981) as "strong" tend to include a commitment to providing services until those teens which it serves finish high school, thereby building in continuity and commitment to long range goals and planning.

Evaluation Design and Methods

The evaluation design for this study uses both qualitative and quantitative methods to describe program structure and implementation, and to evaluate program effectiveness. The evaluation plan was developed in collaboration with key project staff at four planning meetings held once a month from October 1989 thru January 1990. The proposed evaluation questions and strategies which guide this study are:

1. How does program design and structure contribute to the accomplishment of program goals? In person interviews with key project staff will provide data to identify strengths and limitations in program structure and implementation as they relate to the achievement of program goals.
2. How effective is the Barringer Infant-Toddler Child Care Project in achieving its stated goals to help teen parents complete high school and develop effective parenting skills? Data was collected to provide:

a) information about the **academic performance** of teens who are handling multiple responsibilities of completing their education and being a teen parent will be reported. Findings will be discussed showing the rates of proficiency achieved by the parenting teens on the New Jersey State High School Proficiency Test (HSPT) or on the Minimum Basic Skills Test (MBS) administered before 1985. Classroom grades will be examined to provide an aggregate profile of student classroom performance and will be contrasted with the high school proficiency rates; b) information on **school attendance** for the current year will be reported and discussed.

Pre- and post- comparisons on **parenting attitudes**, measured by several items on the Adult Adolescent Parenting Inventory will be carried out. The scale was selected since it was already a built in measure used by the Parent Linking component. All girls were assessed on the full battery of 32 items at the beginning of the school year.

Since a complete pre- and post- comparison will be made using all 32 items at the end of the school year, it was felt that a modified version asking only nine items in January would provide an interim assessment and not be burdensome to the teen parents to complete. The nine items were included in a self administered survey which also included six questions on students' career and educational plans and on the educational background of their parents. A representative sample of items were selected from the Adult Adolescent Parenting Inventory to assess 1) appropriate parental expectations of children, 2) parental empathy regarding children's needs, and 3) parental attitudes toward punishment and discipline.

3. Did the project provide the infants and toddlers with child care and nurturance to promote optimal child development? Evaluations recorded

for each child on The Brigance Diagnostic Inventory of Early Development will be summarized to provide a profile of each child's level of mastery on developmental tasks relative to his/her chronological age. The Inventory is used by the project staff to track the children's developmental progress in areas of pre-ambulatory motor skills, gross motor skills, fine motor skills, self help skills, pre-speech, speech and language skills, and general knowledge and comprehension.

4. Did the program help teens delay premature sexual activities and avoid further unplanned pregnancies? Family life education and sex education/counseling opportunities will be discussed in terms of the approaches taken and resources made available.

A more formative goal of this first evaluation of the Barringer School-Based Child Care Project is to establish baseline data in order to track and monitor outcomes over time for the teen mothers and their infants-toddlers. Formative evaluation objectives include the identification of program strengths and weaknesses and recommendations for program modification. Recommendations will be made in order to strengthen future evaluation efforts of the program.

The Study Sample

The 15 teen mothers and their children who were included in the study sample were participants in the Barringer Infant/Toddler Child Care program during the 1989-1990 school year. Although 21 names were identified on the student roster, six students and their children were not included in the sample. Two had transferred or moved; one parent's child was living in another state with the other parent; and three students and their children were currently being processed as new entrants. Since mobility in and out of the program appears to occur because of the instability which characterizes

many of these teens' lives, future evaluation efforts might seek to track outcomes of students' who exit the program for a variety of reasons - including graduation.

Characteristics of the fifteen parents and their children who were included in this evaluation are shown in Table 1.1. The 15 teen parents are all teen mothers who ranged in age from 15 to 19 years of age. Four students are 10th graders; three are 11th graders; and eight are 12th graders. Seven of the infants and toddlers are 18 months or younger, and eight of the children are older than 18 months. Eight teens and their children were in the program 6 months or less, five were in the program between 12 and 18 months; and two were in the program from its start in January 1988.

Findings: Perceptions About Impact of Program Structure on Program Goals

Perceptions of the four key personnel about strengths and weaknesses of the program serve to identify how the structure and organization of the program, a school-based services model, impacts upon the achievement of program objectives:

- All four of the project personnel who were interviewed reported that the **multi-faceted approach** to helping the teen parents stay in school while providing a range of needed services was the most important strength and asset of the program. The **health screening** for the children and exposure to a stimulating environment with good child care from trained child care aides was seen as providing important opportunities to maximize outcomes for high risk infants and toddlers. A varied **support network of service providers** was seen as an important built-in asset to address the multiple needs teen parenting presents for high risk adolescents. The multi-faceted program provides the opportunity for **multiple levels of intervention** with both children and the teen parents. Several of the

Table 1.1

CHARACTERISTICS OF THE TEEN PARENTS AND INFANTS/TODDLERS
(N = 15)

AGES		GRADE	
15 yrs. old:	3	10th grade:	4
16 yrs. old:	2	11th grade:	3
17 yrs. old:	3	12th grade:	8
18 yrs. old:	4		
19 yrs. old:	3		

CHILDRENS'S AGES		LENGTH OF TIME IN PROGRAM	
6-12 months:	2	2-6 months:	8
13-18 months:	5	12-18 months:	5
19-24 months:	4	19-24 months:	2
25-30 months:	3		
+30 months:	1		

teen parents have trusted staff members with information ranging from needs related to housing and income, to serious family problems of substance abuse, family violence and histories of physical or sexual abuse. The interpersonal communication, both formal and informal, between students and staff creates opportunities for appropriate interventions and referral.

- Key personnel estimate that about two-thirds of the teen parents presently in the program would not be able to complete school without the child care, health care, and other social service (including referral) supports which the program provides.
- The multiple resources the program provides helps staff to address the add-on issues of "adolescence" and how the developmental needs and tasks of adolescence affect the teen parents' abilities to bond with their children and to provide stability and appropriate parenting - important for the healthy growth and development of their infants and toddlers.
- By providing child care, the parenting teens are able to continue their high school education, consider future career options and plans, and also receive help in learning to meet their responsibilities as parents. Several of the teen parents are viewed as making progress with career plans - two of the fifteen girls currently in the program have been accepted in college programs of higher learning.
- The child care center meets the needs of infants and toddlers for direct child care services and provides opportunities for "modeling" of appropriate parenting behaviors by the child care staff for the parenting teens. Three of the child care aides are bilingual and so can help bridge language and cultural differences for three of the teen parents and their children who are bilingual.

Recommendations from key staff for future planning:

- A more unified and coordinated approach among the various components of the project was a universal recommendation. More effective planning can be achieved with regular case conferencing and sharing of information. The components serve important social support roles and need more systematic communication.
- Additional staff training in the areas of infant health and child development and more interaction between teen parents and child care staff around infant health and child development were recommendations.
- Addition and modification of the child development lab (currently an elective course for students interested in early childhood development) as a required course for the Barringer teen parents was identified. The course would provide experiential learning as a learning strategy to teach early childhood development and to reinforce appropriate parenting values and behavior.
- Importance of involving the extended family in the school-based project was emphasized since parenting attitudes and practices are very much influenced by family values. The level of support from home is seen by staff as very important to the teen mothers' sense of parenting. Sensitivity to the cultural values of the teen parents' families is a vital part of the educational process.
- Greater involvement of extended family members in family life/parenting skills/career planning interventions was recommended since the cycle of teen pregnancies is so often repeated within extended families.
- Involvement of teen fathers is important since a majority of the teen mothers continue contact with the fathers of their children. It is

important to encourage teen fathers to assume responsibility for child care with their children.

- Need for the coordination of services from pregnancy to the completion of school was emphasized. Many girls drop out of school following the birth of their child when adequate and affordable child care is not available. Since Chestnut Street School educates on average 350 pregnant teens/year, and the birth rate to teens in Newark is likely sixteen times that figure, the need clearly exists for several more school-based child care centers in the Newark School District (Newark School District Strategic Planning Manual, 1989).

Perceptions by Staff of challenges for the program to address:

Poor classroom performance by the girls, the prevention of second pregnancies, and changing the secondary gains which the "positive image of early motherhood" seems to have for many of the teen mothers remain as important challenges to address. Developing the trust of the teen parents requires time and patience from the staff. Direct approaches with the teen parents to teaching family life education and sex education, according to staff, appear to have limited value. The girls are sensitive to judgments and criticism of their situations as teenage parents by adults, and appear to evidence their anger, frustrations and sense of alienation through seemingly lackadaisical attitudes about their life goals, birth control and responsible sexual behavior. Prevention of second pregnancies remains an important challenge to address. Three of 19 teens in the Barringer Child-Care Project since September experienced second pregnancies.

In prioritizing the problems which the teen mothers face, housing needs were identified as "#1". Living arrangements reported by the girls show 11 of the teen parents are living with relatives, four are living on their own or

with the baby's father, and one placed her child temporarily in foster care. A majority of the girls continue to have some contact with the fathers of their children. The girls living on their own needed help in securing financial assistance from welfare, and in finding adequate housing. Housing with extended families is often unstable and presents problems as well, when overcrowding, limited financial resources and family conflicts interfere with school attendance and school performance.

In summary, a common theme which emerges from the perceptions shared in interviews with key project staff is the beneficial influence which the multi-dimensional approach offers in addressing needs for services for adolescent parents and their infants and toddlers. The program offers a variety of school-based services to help teen parents stay in school - providing quality child care, and a variety of supports to foster positive parenting and healthy mothers and children.

A more unified and coordinated approach among the various components was universally recommended to improve communication and case conferencing and to achieve more effective planning. Some of the common needs identified for future planning include developing and implementing alternative curricula to teach parenting skills and family life education and to address pregnancy prevention. The child care lab is seen as a potentially effective instructional strategy, one which can help model appropriate parenting and family life experiences, and make family life problem solving real and relevant.

Planning for teen fathers to be involved and also extended families in some of the child-care project activities was seen by staff as important to address. Involvement of the teen mothers' extended family can help bridge

values and behaviors learned both at school and home and enlist greater support from home.

It was generally believed that the success of the program was related to strong support from all the community partners in the venture - from strong administrative and Board of Education support to strong community partnership efforts. Much concern was expressed about the impending loss of the Adolescent Health Center due to loss of funding. At the time these evaluation interviews were conducted, the closing of the Health Center was scheduled to occur within weeks. The Center was eventually closed on February 1st. How the withdrawal of the Adolescent Health Center component will impact on meeting health care needs of the participants and meeting the objectives of the program will need to be identified and followed in future program evaluation efforts.

Findings: Impact of the Program on Teen Mothers

Achievement:

To assess whether the Barringer Infant/Toddler Child Care Project was effective in achieving its goals to help teen parents complete high school and develop effective parenting skills, school data on the 15 teen parents was examined. Passing rates on the New Jersey State High School Proficiency Test were looked at and compared to district norms. Passing the HSPT is a New Jersey state requirement for meeting minimum levels of proficiency required for high school graduation. Classroom grades were examined and compared with HSPT proficiency rates to provide a broader profile of students' academic performance. Data on school attendance was looked at, as it is a variable likely to contribute to academic achievement.

An examination of the teen parent proficiencies on the High School Proficiency Test (HSPT) or on the Minimum Basic Skills test (MBS) based upon

fall 1989 student records shows that:

88.2% of the teen parents met state proficiency standards in Reading;

82.4% met the proficiency standards in Writing;

64.7% met proficiency standards in Math.

Data presented in Table 1.2 shows that the number of students in the Barringer project who passed and failed the state HSPT or MBS test in the 3 academic skill areas. Particularly noteworthy, is that all eight 12th graders tested achieved proficiencies in Reading; six of six 12th graders tested achieved proficiencies in Writing; and seven of eight 12th graders met the proficiency standard in Math.

Table 1.3 shows how proficiency rates for Barringer teen parents compared with district-wide proficiency rates for 10th, 11th and 12th grade students who took the HSPT test in the spring of 1989:

- 10th grade proficiency rates for Barringer teen parents are 75% in Reading, 25% in Writing, and 25% in Math;

  10th grade proficiency rates for District students are 62.9% in Reading, 39.4% in Writing, and 33.6% in Math;

- 11th grade proficiency rates for Barringer teen parents are 66.7% in Reading, 100% in Writing, and 33.3% in Math;

  11th grade proficiency rates for District students are 61% in Reading, 44.4% in Writing, and 30.9% in Math;

- 12th grade proficiency rates for Barringer teen parents are 100% in Reading, 100% in Writing, and 87.5% in Math;

  12th grade proficiency rates for District students are 56% in Reading, 39% in Writing, and 30% in Math.

In light of information which suggests that teen parents are a high risk population for dropping out of school, the relatively high percentage of participants meeting the state's graduation requirement suggests that these teen parents have the competencies required to complete their high school education. A comparison with district level data shows that this population

Table 1.2

HSPT Pass and Fail by Grade Level

	Reading		Writing		Math	
Grade Level	Pass	Fail	Pass	Fail	Pass	Fail
10th	3	1	1	3	1	3
11th	2	1	3	0	1	2
12th	8*	0	6	0	7*	1

* Includes 2 Minimum Basic Skills Scores

Table 1.3

A Comparison of Barringer Project with District on Proficiency Rates

Reading

Grade	% Passing HSPT* Barringer Project	% Passing HSPT District
10th	75.0%	62.9%
11th	66.7%	61.0%
12th	100.0%	56.0%

Writing

Grade	% Passing HSPT* Barringer Project	% Passing HSPT District
10th	25.0%	39.4%
11th	100.0%	44.4%
12th	100.0%	39.0%

Math

Grade	% Passing HSPT* Barringer Project	% Passing HSPT District
10th	25.0%	33.6%
11th	33.3%	30.9%
12th	87.5%	30.0%

* Includes 2 passing scores on MBS

of fifteen teen parents had a higher passing rate than the overall district rate, particularly at the 11th and 12th grade levels, where rates were higher in all three skill areas for the Barringer project teens.

Classroom grades were examined for 14 of the teen parents. Table 1.4 is a matrix which shows the number of students by frequency of grades received on their second marking period report card issued 2/90. That 13 students received 2 or more D's and F's, and only seven students received 2 or more A's, B's, or C's, suggests weaker classroom performance in comparison to the higher passing rates achieved on the state mandated test for high school graduation. Although it appears as if the teen parents are not performing well in the traditional high school program when classroom grades are used as valuative data, a relatively high percent are meeting the state's graduation requirements for minimum levels of proficiency in the three basic academic skill areas.

These different outcomes for academic performance are likely influenced by different expectations and the differing nature of the two criteria used. Classroom performance depends upon meeting classroom teacher and district standards for homework, class assignments, class attendance and curriculum based tests. Tests assessing minimum levels of proficiency are more likely to measure cumulative knowledge in skills areas, and achievement not necessarily based on teacher expectations. Performance profiles measured by teacher assigned grades in the traditional school program may be indicative that the traditionally structured academic program is not adequately meeting the needs of the parenting teens.

We looked at reported school absences. Table 1.5 shows absences as intervals ranging from 0-5 days, 6-10 days, 11-15 days, 16-20 days, 21-25 days and 26+ days. Eight of the fifteen participants were absent more than 15 days

Table 1.4

Number of Students by Frequency of Classroom Grade Received@

Frequencies of Grades Given

Grade	0	1	2	3	4	5
A	10	2	1	0	1	0
B	7	6	1	0	0	0
C	2	8	3	1	0	0
D	6	3	3	1	1	0
F	2	4	2	3	2	1
Inc.	11	3	0	0	0	0

a) #'s within the Matrix refer to the number of students - i.e. 10 students received zero A's, 2 students received one A, etc..

Table 1.5

Percent of Excused Absences
(Total # of School Days: 69)

Days Absent	N	Average Excused Absences
(0 - 5)	1	100%
(6 - 10)	5	100%
(11 - 15)	1	100%
(16 - 20)	3	68%
(21 - 25)	4	68%
(26 +)	1	50%

or more than 22% of the time when school was in session. Although absences appear high, information provided by the professional staff indicates that at least 50% of the absences were excused absences for illness or medical appointments, court appearances, and for required personal appearances to receive nutritional assistance (WIC), Welfare or other kinds of social services.

Poor attendance is a factor likely contributing to poor classroom performance. The girls who miss more days at school are likely to be unprepared with classroom assignments and for curriculum based testing. Since classroom grades were received late and not included in the data base for this evaluation, it is recommended that correlations between classroom performance and school attendance be examined at a later date.

Disparities between poor school attendance and the relatively high percent of excused absences, and between poor classroom performance based on teacher assigned grades and the relatively high passing rates on the high school proficiency test for graduation, are suggestive that the teen parents are not performing well in those areas which require them to function within a traditionally structured school day and school curriculum.

Parenting Attitudes:

Pre- and Post- comparisons on a modified version of the Adult-Adolescent Parenting Inventory (Bavolek, 1984) were used to assess appropriate parenting attitudes. The three parental inventory scales were moderately correlated, suggesting that the three scales assessing parental empathy, appropriate parental expectations and parental discipline are measuring associated dimensions. Twelve of fifteen teen parents with pre- and post- scores were included in the attitude assessment which compared students' responses in January with their matched responses in September on 9 items from the full

inventory. High scores indicate more appropriate parenting attitudes.

The comparison of pre- and post-scores was based on a paired t-test analysis which found a significant difference on mean scores for the parental empathy scale. The means and standard deviations are presented in Table 1.6. No significant mean differences were found on either the parental expectations scale or the parental attitudes toward discipline scale. (A copy of the survey which includes the attitude assessment questions along with career and educational goal questions used in this evaluation is included in Appendix A).

The significant findings on the parental empathy scale suggest that teens developed more empathy toward their children over the 4 months between the beginning of the school year in September and January. Items asked and rated on a 5 point scale from strongly agree to strongly disagree were: 1) parents will spoil their children by picking them up and comforting them when they cry? 2) children will quit crying faster if they are ignored? 3) young children who are hugged and kissed often will grow up to be "sissies"? 4) parents who encourage communication with their children only end up listening to complaints?

Correlations shown in Table 1.7 between parental inventory scales, educational goals of the student, educational level achieved by the student's mother, and length of time in the program show significant associations for some variables and raise some issues for further investigation.

> More appropriate parental attitudes toward punishment and discipline were associated with higher educational levels achieved by the parenting teen's own mother. A correlation of .5365 was significant at the .05 level of significance.

The findings suggest that teen parents' attitudes about discipline are influenced by the amount of formal education received by their own mothers, and that appropriate attitudes and role modeling of discipline by mothers is likely to help shape daughters' attitudes about discipline.

Table 1.6

Mean Differences on Parenting Inventory

Scales	N	Pretest Mean	Pretest SD	Postest Mean	Postest SD	T-Value	T-Signif
Parental Expectations	12	8.000	.953	8.083	1.084	.29	.777
Parental Empathy	11	14.909	1.375	16.818	1.888	4.01	.002*
Parental Discipline	12	9.917	2.193	10.333	1.073	.77	.459

* p .05

Table 1.7

Correlations Between Parenting

Inventory Scales, Educational Goals & Other Key Variables

	Parental Expectations	Parental Empathy	Parental Discipline	Educational Goals of Teen
Parental Expectations	_____	.4415	.5070	-.0865
Parental Empathy	.4415	_____	.5333*	.3163
Time in Program	-.4187	-.0962	.0338	.5483*
Educational Goals of Teen	.0865	.3163	.3544	_____
Education Level of teen's mother	.0720	.2362	.5365*	.7446*

*p .05

A look at the correlations between variables show that:

- The teens' educational expectations or goals for themselves were associated with length of time in the program. A correlation of .5483 was significant at the .05 level. This finding suggests that girls who have been in the program longer have higher educational expectations for themselves.

- The teens' educational expectations or goals for themselves were correlated with the educational levels achieved by the teens' mothers. A correlation of .74446 was significant at the .05 level and suggests that the girls who have higher educational expectations for themselves, also had mothers who completed more formal education.

Significant correlations between teen mothers' goals for themselves and length of time in program, and between teen mothers' goals for themselves and their own mothers' level of education suggests the importance of both program and familial factors.

A negative correlation of -.4187 which occurs between measures of appropriate parental expectations and length of time in the program, though not statistically significant, suggests that appropriate expectations related to child development decrease the longer the girls are in the program. These parental expectations' findings are based on ratings using two items which assessed whether parents should expect children to feed themselves by 12 months of age and whether parents should expect children under 3 to begin taking care of themselves. We considered the possibility that these two items are more likely assessing parents' "anticipatory" expectations rather than age appropriate expectations - and that the longer the mothers are in the program the more they begin to anticipate with encouragement their child's achievement of more complex child development tasks. A more accurate understanding of these issues require further investigation.

Findings: Infant/Toddler Outcomes

Data on the Brigance Diagnostic Inventory of Early Development was collected using the developmental record books kept on each child who

participated in the child care program. Each child is evaluated soon after entering the child care program by the child care aide who is assigned to that child's age group. Children are grouped for many of the activities by age - either infants (6 months - roughly 18 months) or toddlers (18 months to 36 months).

Children are evaluated at approximately 8 - 12 month intervals. The Brigance was designed to be used in programs for infants and children under seven years of age. This assessment instrument is used in the Barringer Child-Care Project to track the developmental or performance level of the child; it helps to identify areas of strengths and weaknesses; it can be used to support appropriate remedial and instructional interventions. The inventory includes various skill sequences for the following areas: psychomotor, self-help, speech and language, general knowledge and comprehension, and early academic skills.

Children are rated on those developmental items which are considered age appropriate. Some variability in judgments made by the raters on whether to rate children on particular items will affect reliability in the application of the instrument.

This evaluation will report on the percentage of items which a child has been rated on and which the child has mastered for each of six skills areas. The findings from the Brigance are presented in Table 1.8 and are shown as quartile ratings of mastery in seven skills areas for each child where data was available.

The data in Table 1.8 show that at the **first observation** soon after entry into the program:

- Four of 10 infants rated were at or below the 50% percentile in mastery of pre-ambulatory skills and behaviors (scale includes 4 items which assess supine, prone, sitting and standing position developmental skills).

Table 1.8

The Brigances Inventory of Early Development:
Items Mastered at or above Chronological Age Level

A. Pre Ambulatory Skills and Behaviors

Observation I				Observation II			
INFANTS 18 MONTHS		TODDLERS 18 MONTHS		INFANTS 18 MONTHS		TODDLERS 18 MONTHS	
N	Percentile Mastery	N	Percentile Mastery	N	Percentile Mastery	N	Percentile Mastery
3	25th Percentile	3	25th Percentile	3	25th Percentile	3	25th Percentile
1	50th Percentile	1	50th Percentile	1	50th Percentile	1	50th Percentile
3	75th Percentile	3	75th Percentile	3	75th Percentile	3	75th Percentile
3	100% Percentile	3	100% Percentile	3	100% Percentile	3	100% Percentile

B. Gross Motor Skills and Behaviors

Observation I				Observation II			
INFANTS 18 MONTHS		TODDLERS 18 MONTHS		INFANTS 18 MONTHS		TODDLERS 18 MONTHS	
N	Percentile Mastery	N	Percentile Mastery	N	Percentile Mastery	N	Percentile Mastery
0	25th Percentile	0	25th Percentile	0	25th Percentile	0	25th Percentile
0	50th Percentile	0	50th Percentile	0	50th Percentile	0	50th Percentile
0	75th Percentile	0	75th Percentile	0	75th Percentile	1	75th Percentile
8	100% Percentile	3	100% Percentile	2	100% Percentile	4	100% Percentile

Table 1.8

C. Five Motor Skills and Behaviors

Observation I				Observation II			
INFANTS 18 MONTHS		TODDLERS 18 MONTHS		INFANTS 18 MONTHS		TODDLERS 18 MONTHS	
N	Percentile Mastery	N	Percentile Mastery	N	Percentile Mastery	N	Percentile Mastery
-	25th Percentile	-	25th Percentile	-	25th Percentile	-	25th Percentile
1	50th Percentile	1	50th Percentile	1	50th Percentile	-	50th Percentile
1	75th Percentile	1	75th Percentile	1	75th Percentile	-	75th Percentile
7	100th Percentile	2	100th Percentile	1	100th Percentile	4	100th Percentile

D. Self Help Skill

Observation I				Observation II			
INFANTS 18 MONTHS		TODDLERS 18 MONTHS		INFANTS 18 MONTHS		TODDLERS 18 MONTHS	
N	Percentile Mastery	N	Percentile Mastery	N	Percentile Mastery	N	Percentile Mastery
1	25th Percentile	2	25th Percentile	-	25th Percentile	-	25th Percentile
-	50th Percentile	-	50th Percentile	-	50th Percentile	2	50th Percentile
1	75th Percentile	1	75th Percentile	-	75th Percentile	-	75th Percentile
8	100th Percentile	-	100th Percentile	2	100th Percentile	2	100th Percentile

Table 1.8

E. Pre-Speech

Observation I				Observation II			
INFANTS 18 MONTHS		TODDLERS 18 MONTHS		INFANTS 18 MONTHS		TODDLERS 18 MONTHS	
N	Percentile Mastery	N	Percentile Mastery	N	Percentile Mastery	N	Percentile Mastery
2	25th Percentile	3	25th Percentile	-	25th Percentile	1	25th Percentile
2	50th Percentile	-	50th Percentile	1	50th Percentile	-	50th Percentile
1	75th Percentile	-	75th Percentile	-	75th Percentile	-	75th Percentile
2	100th Percentile	-	100th Percentile	1	100th Percentile	-	100th Percentile

F. Speech and Language Skills

Observation I				Observation II			
INFANTS 18 MONTHS		TODDLERS 18 MONTHS		INFANTS 18 MONTHS		TODDLERS 18 MONTHS	
N	Percentile Mastery	N	Percentile Mastery	N	Percentile Mastery	N	Percentile Mastery
1	25th Percentile	1	25th Percentile	-	25th Percentile	2	25th Percentile
-	50th Percentile	-	50th Percentile	-	50th Percentile	-	50th Percentile
-	75th Percentile	2	75th Percentile	-	75th Percentile	-	75th Percentile
5	100th Percentile	-	100th Percentile	2	100th Percentile	2	100th Percentile

Table 1.8

G. General Knowledge and Comprehension

Observation I				Observation II			
INFANTS 18 MONTHS		TODDLERS 18 MONTHS		INFANTS 18 MONTHS		TODDLERS 18 MONTHS	
N	Percentile Mastery	N	Percentile Mastery	N	Percentile Mastery	N	Percentile Mastery
-	25th Percentile	-	25th Percentile	-	25th Percentile	-	25th Percentile
-	50th Percentile	-	50th Percentile	-	50th Percentile	-	50th Percentile
-	75th Percentile	-	75th Percentile	-	75th Percentile	-	75th Percentile
1	100th Percentile	2	100th Percentile	2	100th Percentile	4	100th Percentile

Percentile Mastery Levels: 25th includes 0 thru 25th percentile
50th includes 26th thru 50th percentile
75th includes 51th thru 75th percentile
100th includes 76th thru 100th percentile

- Although only 1 of 10 infants were at or below the 25th percentile in mastery of self help skills at the first observation, 2 of 3 toddlers rated were at or below the 25th percentile. The scale includes 12 items which assess feeding/eating, dressing/undressing, fastening/unfastening, toileting, bathing, grooming and other helping skills. Since it is possible for children to master simpler age appropriate items at a younger age, developmental delays may become more apparent as toddlers are expected to master more difficult self help items, like dressing and undressing themselves, toileting and bathing, and household chores.

- Four of 7 infants and all 3 (100%) of the toddlers rated were at or below the 50th percentile in mastery of pre-speech skills (scale includes 3 items which assess receptive language, gestures and vocalization skills).

- Although only 1 of 6 infants were at or below the 25th percentile in mastery of speech and language skills at the first observation, 1 of 3 toddlers rated (33%) were at or below the 25th percentile in mastery of more difficult speech and language skills appropriate for children over 18 months of age (scale includes 10 items which assess single/multiple words, social speech, length of sentences, verbal direction, sentence memory, singing...)

The areas of low mastery, in pre-ambulatory, self help, pre- speech and speech and language skills are indicative of possible developmental delays and provide important warning signals for those infants to be carefully followed in their development in those skills areas. Since they occur at the first observation which takes place soon after entry into the infant/toddler program, these deficiencies in mastery may be indicative of possible physical and environmental disabilities/deprivations. The literature shows that the problems associated with teen pregnancy and parenting are complex. The problems require understanding and nonjudgmental attitudes about the bio-psycho-sexual and social development of adolescents. Exposure to good child care and health screening provides important opportunities for remediation. The indications of potential developmental delays supported by the data presented in Table 1.8 is consistent with a body of knowledge which identifies the high risk factors associated with children born to teen mothers. The many dysfunctional health consequences of teen pregnancy are identified across health and social science disciplines in the literature.

Teen mothers are more likely to give birth to infants of low birthweight, and to children who develop physical and mental handicaps (Johnson, Ziskin, 1988; Monkus and Bancalari, 1981; Vrcan, 1987). Proper nurturing of infants can be a heavy burden on mothers who themselves need nurturing and who may not be adequately prepared to assume adult responsibilities. Lack of early infant physical and emotional nurturing is a known factor associated with developmental delay, poor school performance and interference of normal psycho-social development in children.

The data in Table 1.8 show that at the **second observation** which is recorded at 8-12 months after entry into the child-care program:

- Two of 4 toddlers rated were at or below the 50th percentile in mastery of self help skills.
- One of 2 infants under 18 months and the only toddler rated were at or below the 50th percentile in mastery of pre-speech skills.
- Two of 4 toddlers rated were at or below the 25th percentile in mastery of speech and language skills.

It is difficult to make comparisons from the first to second evaluations about each child's developmental progress on the basis of items mastered. More difficult tasks become appropriate expectations at older ages. More complex developmental tasks also present greater challenges for mastery at successive ages. Although it is not possible to compare program participants from the first observation to the second on the same criteria, it is possible to use the Brigance to identify those children who are likely to be (or continue to be) at greater risk of developmental delays or developmental disabilities if they are exhibiting limited mastery of items deemed appropriate for their chronological age.

Findings: Family Life Education and Sex Education

Sex education remains elusive as a program strategy. The need to more effectively deal with issues of sex education and reducing the risks of second

pregnancies with teen parents' remains a challenge.

Values and attitudes about sex education appear to be influenced by many forces and likely shaped during early childhood (Weiner, 1987). They are not easily influenced by formal teaching of sex education information particularly at post-puberty. Literature on effective sex education programs reports that in European countries where sex education is introduced to children as young as 6 years, when ethical principles become instilled early, children are more likely to develop a sense of sexual responsibility at an early age and are less likely to account for large numbers of "unwanted pregnancies" (Weiner, 1987). The U. S. is identified as having a hit-or-miss approach to sex education programs. The pregnancy and abortion rates of American teens is cited as twice as high as occurrences in other Western nations. The difference is not attributed to differences in sexual activity but rather to differences in family life education information and in sex education, particularly about contraceptive use - with U.S. teens not practicing effective contraceptive use (Weiner, 1987). An example of an effective model program for pregnancy prevention has been reported on a program in a western South Carolina county. Findings suggest that the inclusion of an entire community in the educational process related to family life education, a comprehensive school/community program, was indeed effective over a 5 year period in reducing the estimated rate of pregnancy (Vincent, Clearie, and Schluchter, 1987).

Evaluations of model programs are limited in number and lack agreement about what constitutes effective measures of successful outcomes. Evaluations often raise questions about appropriate evaluation methodology. Current literature, however, does stress that issues of teen pregnancy and teen parenting are becoming increasingly more important to schools, and recommend

that schools consider developing family life education and sex education programs for parenting teens with broad community, parental and student involvement (Kenney, 1987; Vincent, Clearie, Schluchter,1987; Zellman, 1981).

Summary of Findings

This evaluation represents an effort to provide baseline data and information about what constitutes "effective practices" and what factors contribute to program strengths and weaknesses in a model comprehensive school-based project designed to help parenting teens. Since little comparative information exists, it is hoped that this documentation will provide direction for future program development and support, as well as for future evaluation efforts.

Although no single profile of the teen parent can be constructed, a complex mix of biological, psychological, structural and cultural forces come into play (Walker, Azumi, and Madhere 1987) to target this population as a high risk group for academic failure. It is important to note that the girls who participated in the evaluation sample showed progress in relation to several key program objectives. Proficiencies for graduation were particularly high for those teens in grades 11 and 12 in all skill areas. The high proficiencies suggest that these teen mothers have the ability and motivation to meet the state minimum proficiency requirement for graduation - despite the difficulties they evidence in meeting traditional program standards for classroom performance and attendance set by local district policies.

The parenting teens who have been in the program longer evidenced higher educational goals. Findings show that program participants with higher educational goals are also more likely to have mothers who completed more formal education. Parenting teens who have more appropriate attitudes towards

child discipline also have mothers who completed more formal education. These findings support the recommendations from program staff for more extended family involvement in child care center programming. The level of support from home, the influence of family values on teen parents' attitudes and beliefs, and staff sensitivity to the cultural values of the teen parents' families are important factors in the educational and socialization process for teen parents and their children.

The effectiveness over time of a multi-dimensional program like the Barringer Child Care Project is likely to be dependent upon many program supports. Factors like high level administrative support from the school system and long range commitments of support from all community partners in the venture, ongoing program coordination and long range commitments to "program continuity" are critical factors which contribute to program effectiveness and positive student outcomes. The evaluation of program success - such as whether high school graduation rates have been improved for parenting teens, whether appropriate parenting skills have been learned, whether health outcomes of the teen mothers and their children have been improved, and whether the rates of second pregnancies have been reduced, depends upon a combination of factors which include the assessment of student outcomes, as well as an assessment of whether the program structure meets its commitment to provide the multiple services within a school based services model which it was conceived and designed to do.

Future Evaluation

An important goal of future evaluations of the Barringer Child Care Project is to follow up on the impact of the withdrawal of the Adolescent Health Care Center on goals and objectives related to provision of on-site health screening medical and counseling services to the teens and their

children participating in the project.

It is recommended that future evaluation efforts track outcomes of students' who have exited the program for a variety of reasons - including graduation. It is important to know not only the impact of teen parent programs on more immediate goals for school completion, but also the longer term social and economic outcomes for teen parents. Program evaluations which are based on longitudinal data can provide valuable insights about the long range effects of program interventions on student outcomes. Likewise, conceptually grounded studies can provide the empirical evidence to support and advocate for innovative programs that work. Program evaluation research based on sound methodology can serve as well to identify how program structure, adequate funding, and commitments to the continuity of services are important components in the change process.

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APPENDIX A

The following questions have no right or wrong answers. These questions are about your educational and occupational plans. Some of the questions are very specific while others are more general. All answers will be kept confidential.

Try to answer all questions as honestly as possible. If you have a problem with any of the questions, please ask for help.

PLEASE DO NOT WRITE YOUR NAME ON THE QUESTIONNAIRE.

1. **How much additional education do you expect to get?**

   a. don't expect to finish high school

   b. expect to complete high school

   c. expect to attend vocational or technical training

   d. expect to attend college

2. **If you were completely free to work at any occupation in the world what would your job be?**

   _____

3. **Think of 3 people who have had the greatest influence on your educational plans?**

   Most Important Person _____

   2nd Most Important Person _____

   3rd Most Important Person _____

4. **THREE people in my life whom I feel comfortable to discuss personal matters with are**

   1st. ----------

   2nd. ----------

   3rd. ----------

5. **What was the highest grade in school completed by your mother (or person who is acting as your mother)?**

a.	did not go to school	e.	vocational or technical training
b.	elementary school	f.	some college
c.	did not complete high school	g.	college degree
d.	completed high school	h.	professional degree (i.e. doctor, lawyer)

6. **What was the highest grade in school completed by your father (or person who is acting as your father)?**

a.	did not go to school	e.	vocational or technical training
b.	elementary school	f.	some college
c.	did not complete high school	g.	college degree
d.	completed high school	h.	professional degree (i.e. doctor, lawyer)

Below are 9 statements about parenting and raising children. You decide how much you agree or disagree with each statement by circling the choice under the statement which says how you feel.

There are no right or wrong answers only your opinion. So please answer the questions frankly and truthfully. Give the first natural answer that comes to mind. Please answer every statement with only one choice.

1. **Parents should teach their children right from wrong by sometimes using physical punishment.**

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

2. **Parents will spoil their children by picking them up and comforting them when they cry.**

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

3. **Children develop good, strong characters through very strict discipline.**

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

4. **Parents should expect their children who are under three years to begin taking care of themselves.**

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

5. **Parents should expect children to feed themselves by twelve months.**

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

6. **Children are more likely to learn appropriate behavior when they are spanked for misbehaving.**

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

7. **Children will quit crying faster if they are ignored.**

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

8. **Young children who are hugged and kissed often will grow up to be "sissies."**

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

9. **Parents who encourage communication with their children only end up listening to complaints.**

Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

Lastly, we are interested in your experiences as a student in the Barringer Child Care Project.

List three ways in which the project has been helpful to you.

1.

2.

3.

What recommendations would you make to improve the program.